Second Annual	Report on	Schizophrenia	Pharmacotherapy in	VA

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#### Abstract

Background: Pharmacotherapy is the cornerstone of effective treatment for schizophrenia. This report presents a profile of the use of antipsychotic medications in the treatment of schizophrenia in the Department of Veterans Affairs nationwide.

Methods: Patients were identified as being diagnosed with schizophrenia if they had at least two outpatient encounters with a diagnosis of schizophrenia during fiscal year (FY) 2000. All VA prescription drug records written during FY 2000 were then collected for these patients. Patients who received a prescription for an antipsychotic medication were identified. Taking the last antipsychotic prescription during this period and going back seven days, all antipsychotic medications that were prescribed and the amount prescribed for each patient receiving an antipsychotic were identified. Measures of polypharmacy and compliance with PORT recommendations were constructed from these data, as well as indicators reflecting the use of atypical antipsychotics.

Results: Of the 103,027 patients in the final sample with schizophrenia, 83,350 (80.9%) had at least one prescription for an antipsychotic medication. Of these patients, 6,668 (8.0%) met criteria for polypharmacy, and 9,899 (11.9%) were dosed above the PORT recommendations. Of the patients who received atypical antipsychotics (53,688 or 64.4%), most received either olanzapine (26,108 or 48.6%) or risperidone (22,418 or 41.8%), while far fewer received quetiapine (8.0%) or clozapine (3.4%).

Conclusions: Nearly 20% of patients with a diagnosis of schizophrenia did not receive a prescription for an antipsychotic medication. The proportion of patients receiving more

than one antipsychotic medication or that are dosed higher that the PORT guidelines in VA is relatively small. Nearly two-thirds of all outpatients diagnosed with schizophrenia who receive an antipsychotic are prescribed an atypical.

## I. Introduction

Pharmacotherapy has long been the cornerstone of treatment for schizophrenia. As health care systems respond to pressures to reduce the costs of care, there is a growing concern that quality be systematically monitored and preserved. Performance assessment based on clinically derived practice guidelines provides one mechanism for evaluating the quality of care in a clinical practice or organization. The Schizophrenia Patient Outcomes Research Team (PORT) has developed one widely respected set of guidelines for the treatment of schizophrenia (1).

The Veterans Health Administration of the Department of Veteran Affairs (VA) has not been immune to pressures to reduce health care costs. In 1995, VA experienced a major reorganization in which 22 distinct geographically based Veterans Integrated Service Networks (VISNs) were created, each responsible for the veteran population within its boundaries. An associated goal of the reorganization was to shift the focus of care away from acute inpatient care and towards more ambulatory and primary care in order to improve the accessibility of services and to address anticipated budget reductions (2). Between 1995 and 1999, total mental health expenditures declined by 13%, even without adjustment for inflation (3).

Pharmacologic treatment of schizophrenia has changed in recent years with the introduction of newer atypical antipsychotic medications. These medications (i.e. clozapine, olanzapine, quetiapine and risperidone) are equally or more effective than conventional antipsychotic medications and have substantially superior side effect profiles. However, these medications are considerably more expensive than

conventionals, with annual costs averaging \$5,000 - \$7,000, almost 20 times the \$300 average annual cost of treatment with haloperidol.

As part of an ongoing effort to monitor quality of mental health care in VA (4-7), this report serves two functions: 1) it examines the extent to which pharmacotherapeutic care for patients diagnosed with schizophrenia conforms to the schizophrenia PORT treatment guidelines, and 2) it investigates the availability of atypical antipsychotics to patients in VA.

### II. Methods

# Sources of data

Data for the study come from national VA administrative databases. First, all VA outpatients diagnosed with schizophrenia during fiscal year (FY) 2000 (October 1, 1999 to September 30, 2000) were identified. Patients were identified as being diagnosed with schizophrenia if they had at least two outpatient encounters in a specialty mental health outpatient clinic with a primary or secondary diagnosis of schizophrenia (ICD-9 codes 295.00 – 295.99). The outpatient encounter file, a national database of information concerning all outpatient clinic stops in VA, was used to identify these patients. Next, all prescription drug records for these patients during FY2000 were collected from the Drug Benefit Management System in Hines, Illinois.

#### Measures

First, patients who received a prescription for an antipsychotic medication were identified. For each of these patients, the last prescription for an antipsychotic

medication in FY2000 was identified as the index prescription. All prescriptions for antipsychotic medications written during the week prior to the index prescription were then identified. Next, chlorpromazine (CPZ) equivalents were calculated for each prescription for a conventional antipsychotic medication based on the updated PORT dosing algorithms (A. Lehmann, personal communication). CPZ equivalents were summed over all conventional antipsychotic prescriptions during the week to assess guideline adherence. If the total daily CPZ equivalent for all conventional antipsychotics prescribed during the week was greater than the PORT recommendation (1000 mg), the patient was identified as being dosed too high. For the atypical antipsychotics, the total daily dosage for each medication prescribed during the week was calculated. If the total dosage of any atypical was greater than the PORT recommendation, the patient was identified as being dosed too high. In addition, a patient was also identified as being dosed too high if they were prescribed the maximum PORT recommended dose of one atypical and were also prescribed any amount of a second atypical.

Although prescribing multiple antipsychotic medications is not addressed in the PORT guidelines, polypharmacy generally is not recommended for schizophrenia patients because additional medications may exacerbate side effects while doing little to alleviate symptoms (8, 9). Patients who were prescribed more than one antipsychotic medication during the week were identified as receiving polypharmacy. In addition, the

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<sup>&</sup>lt;sup>1</sup> The maximum PORT recommended dose for atypical antipsychotic medications are as follows: clozapine 600 mg/day, olanzapine 20 mg/day, quetiapine 450 mg/day and risperidone 6 mg/day.

subgroup of patients whose polypharmacy consisted of receiving both an atypical and a conventional antipsychotic medication was examined.

## Analysis

Data analysis proceeded in several steps. First, the proportion of patients with the following characteristics were determined: 1) those who receive any antipsychotic medication, 2) those who received multiple antipsychotic medications, 3) those who were dosed above the PORT recommendation with any medication, 4) those who were dosed above the PORT recommendation with a conventional antipsychotic, 5) those who were dosed above the PORT recommendation with an atypical antipsychotic, 6) those who received any atypical antipsychotic, and 7) through 10) those who received the specific atypical antipsychotic medications clozapine, olanzapine, quetiapine, or risperidone among patients receiving any atypical. Means of these measures were calculated by station and by VISN.

## III. Results

Table 1 shows characteristics of the sample. Of the 103,027 patients diagnosed with schizophrenia during FY 2000, 83,350 had a prescription for an antipsychotic medication. Of these patients, a fairly small proportion was treated with multiple antipsychotic medications (8.0%). A higher proportion (11.9%) was prescribed a dose that was higher than the PORT recommendation, with most of these patients being dosed too high on an atypical antipsychotic medication. The majority (64.4%) of patients received an atypical antipsychotic. Among these patients, most received either

olanzapine (48.6%) or risperidone (41.8%), with much smaller proportions receiving quetiapine (8.0%) or clozapine (3.4%).

Tables 2 and 3 report pharmacy measures at the level of the VISN and the facility, respectively. The coefficient of variation at the bottom of each table indicates the amount of variation among VISNs and facilities. At both the VISN level and the facility level, variation was relatively high for the percentage of patients prescribed multiple antipsychotic medications and the percentage of patients dosed above PORT recommendations. Variation was small for the percentage of patients prescribed any antipsychotic medication and the percentage of patients prescribed any atypical.

#### IV. Discussion

This study profiled pharmacologic treatment of patients with schizophrenia in VA. The proportion of patients who received any antipsychotic medication, who were treated with more than one antipsychotic medication, who were dosed above the schizophrenia PORT recommended dosage, and who were prescribed an atypical antipsychotic medication were determined. A surprising number of patients (19.1%) received no prescriptions for an antipsychotic medication during the year. Only a small proportion (8.0%) of patients were prescribed multiple antipsychotic treatment regimens, while a higher percentage (11.9%) were dosed above PORT guidelines. The majority of patients (64.4%) were prescribed an atypical antipsychotic, most often olanzapine or risperidone.

In previous work, we performed logistic regressions to explore the effects of patient and facility characteristics on the likelihood that patients with a diagnosis of

schizophrenia who are prescribed an antipsychotic received an atypical medication, were dosed outside of the PORT recommended range or were prescribed polypharmacy (10-12). We found that older patients, Blacks and patients with a service connected disability were generally less likely to be prescribed an atypical, while patients with a comorbid mental health diagnosis were more likely to receive these medications. Older patients and those with a comorbid mental health diagnosis were less likely to be dosed above PORT guidelines, and older patients and Blacks were less likely to be prescribed multiple antipsychotic medications. The facility characteristics that we included in our models, which included measures of academic emphasis, reliance on inpatient care and fiscal stress, were generally not significant predictors of our quality measures.

A limitation of the analyses presented in this report relates to the difficulty in measuring prescribing patterns using administrative prescription data. Prescriptions may last for varying lengths of time. Patients with multiple prescriptions may run out of their medications and need to see their doctor to refill their prescriptions at different times. We collect all prescription drug records during a one-week period, but a longer time frame may be necessary to identify all of the drugs a particular patient is taking. Hence, our measures of polypharmacy or whether a patient is dosed above PORT guidelines may be underestimated.

Pharmacotherapy is a cornerstone of treatment for schizophrenia. The fact that almost 20% of patients with schizophrenia had no prescriptions for an antipsychotic medication deserves further investigation. In addition, while the proportions of patients diagnosed with schizophrenia who are prescribed multiple antipsychotic medications or

who are prescribed a dose that exceeds PORT guidelines are fairly small, these phenomena are still a concern. These medications are studied extensively before they are approved for use, but trials typically do not include combinations with other antipsychotics or abnormally high doses. Hence, the effects of these treatment regimens are unknown. More research is currently underway to investigate why physicians are prescribing in this manner.

## References

- Lehman AF, Steinwachs DM, the Co-Investigators of the PORT Project:
   Translating Research into Practice: The Schizophrenia Patient Outcomes
   Research Team (PORT) Treatment Recommendations. Schizophrenia Bulletin
   1998; 24(1):1-10
- Rosenheck R, Horvath T: The Impact of VA Reorganization on Patterns of Mental Health Care. Psychiatric Services 1998; 49:53
- Rosenheck RA, DiLella D: Department of Veterans Affairs National Mental
   Health Program Performance Monitoring System: Fiscal Year 1999 Report. West
   Haven, CT, Northeast Program Evaluation Center, 2000
- Chen RS, Nadkarni PM, Levin FL, Miller PL, Erdos J, Rosenheck RA: Using a
  Computerized Hospital Database to Monitor Compliance of Pharmacotherapeutic
  Guidelines in the Treatment of Schizophrenia. Psychiatric Services 2000;
  51(6):791-4
- Leslie DL, Rosenheck RA: Comparing Quality of Mental Health Care in Public Sector and Privately Insured Populations: First Efforts and Methodological Challenges. Psychiatric Services 2000; 51(5):650-5
- 6. Rosenheck RA, Cicchetti D: A Mental Health Program Report Card: A

  Multidimensional Approach to Performance Monitoring in Public Sector

  Programs. Community Mental Health Journal 1998; 34(1):85-106

- 7. Rosenheck RA, Fontana A, Stolar M: Assessing Quality of Care: Administrative Indicators and Clinical Outcome Measures. Medical Care 1999; 37(2):180-188
- 8. Stahl SM: Antipsychotic Polypharmacy, Part 1: Therapeutic Option or Dirty Little Secret? Journal of Clinical Psychiatry 1999; 60(7):425-6
- 9. Stahl SM: Antipsychotic Polypharmacy, Part 2: Tips on Use and Misuse. Journal of Clinical Psychiatry 1999; 60(8):506-7
- Leslie DL, Rosenheck RA: Pharmacotherapeutic Treatment of Schizophrenia in the Department of Veterans Affairs: Prescribing Patterns and Guideline
   Adherence. West Haven, CT, Northeast Program Evaluation Center, 2000, pp 1-
- 11. Leslie D, Rosenheck R: The Effects of Institutional Fiscal Stress on the Use of Atypical Antipsychotic Medications in the Treatment of Schizophrenia. The Journal of Nervous and Mental Disease 2001; forthcoming in June
- 12. Leslie D, Rosenheck R: Use of Pharmacy Data to Assess Quality of Pharmacotherapy for Schizophrenia in a National Health Care System: Individual and Facility Predictors. Medical Care 2001; under review

Table 1. Sample characteristics

Variable	N	%
All patients	103,027	
Prescribed any antipsychotic	83,350	80.9%
Polypharmacy Receiving both atypical and conventional	6,668 5,062	8.0% 6.1%
Dose higher than PORT guidelines Conventional antipsychotics Atypical antipsychotics	9,899 3,142 6,880	11.9% 3.8% 8.3%
Dose lower than PORT guidelines Conventional antipsychotics Atypical antipsychotics	24,022 18,233 6,017	28.8% 21.9% 7.2%
Received any conventional antipsychotic	34,724	41.7%
Received any atypical antipsychotic Clozapine Olanzapine Quetiapine Risperadone	53,688 1,805 26,108 4,317 22,418	64.4% 3.4% 48.6% 8.0% 41.8%

VISN-level pharmacy measures -- Fiscal year 2000

VISN	N	Percent prescribed any antipsychotic	Percent with polypharmacy in past week	Percent dosed higher than PORT guidelines	Percent dosed high on conventionals	Percent dosed high on atypicals	Percent dosed lower than PORT guidelines	Percent dosed low on conventionals	Percent dosed low on atypicals	Percent prescribed any conventional	Percent prescribed any atypical	Percent prescribed clozapine	Percent prescribed olanzapine	Percent prescribed quetiapine	Percent prescribed risperidone
1	5,470	78.0%	10.4%	12.8%	6.3%	15.4%	30.8%	56.1%	13.6%	39.1%	67.9%	4.4%	32.2%	9.0%	24.9%
2	2,940	76.5%	8.4%	12.1%	7.9%	13.7%	32.7%	55.1%	14.3%	43.0%	63.5%	2.5%	26.8%	4.7%	30.4%
3	6,121	82.3%	8.4%	12.7%	10.5%	13.2%	29.3%	48.7%	10.9%	47.7%	59.4%	1.1%	26.6%	2.6%	30.2%
4	7,110	79.0%	9.1%	10.0%	7.7%	10.9%	33.7%	54.0%	14.2%	47.4%	59.8%	1.5%	27.9%	5.4%	25.3%
5	3,112	78.0%	8.7%	12.9%	12.9%	11.7%	25.6%	45.5%	13.2%	36.1%	70.7%	1.5%	38.3%	7.3%	24.6%
6	4,144	82.7%	5.2%	11.4%	9.8%	11.9%	30.1%	51.3%	11.4%	46.5%	57.6%	1.3%	27.0%	2.3%	27.2%
7	6,886	76.3%	7.2%	10.2%	8.7%	10.4%	28.2%	53.1%	11.8%	38.5%	67.3%	1.8%	34.1%	5.3%	26.8%
8	10,145	78.5%	5.4%	8.8%	9.2%	8.1%	33.9%	56.6%	11.4%	48.9%	55.4%	0.9%	35.0%	2.1%	18.1%
9	3,807	82.1%	6.1%	11.1%	8.3%	12.6%	30.8%	50.9%	12.2%	47.3%	57.6%	1.9%	26.0%	3.6%	26.6%
10	4,921	82.7%	9.9%	12.2%	9.2%	13.1%	32.0%	55.8%	10.0%	47.0%	60.3%	4.9%	29.7%	6.7%	20.4%
11	4,958	85.7%	7.2%	14.4%	13.8%	13.6%	26.6%	44.9%	8.0%	49.7%	56.4%	2.4%	27.3%	3.5%	24.0%
12	4,123	81.2%	8.7%	10.0%	6.3%	11.2%	28.7%	55.5%	12.0%	37.3%	69.2%	3.3%	29.0%	4.7%	34.1%
13	2,184	82.3%	8.1%	13.8%	9.8%	15.0%	28.3%	58.2%	10.2%	37.5%	68.5%	4.4%	35.9%	4.7%	24.9%
14	1,455	86.5%	8.2%	21.1%	13.2%	24.9%	25.5%	47.6%	8.3%	43.2%	63.9%	3.1%	29.5%	4.3%	27.9%
15	4,188	86.6%	12.2%	12.3%	9.9%	12.4%	27.9%	48.5%	11.2%	42.7%	67.5%	1.6%	31.0%	5.9%	30.6%
16	7,865	84.5%	7.8%	12.3%	8.5%	13.5%	22.5%	49.4%	8.6%	33.3%	72.1%	1.4%	34.4%	4.6%	33.5%
17	4,079	80.7%	7.6%	12.4%	8.6%	13.3%	24.6%	52.0%	10.2%	33.7%	72.0%	2.7%	36.2%	7.9%	26.5%
18	2,907	79.3%	6.3%	8.2%	4.8%	9.7%	31.7%	62.0%	12.7%	37.7%	67.3%	0.7%	30.4%	4.0%	32.7%
19	2,392	78.9%	9.8%	11.6%	8.1%	12.4%	27.8%	51.3%	12.0%	38.7%	69.0%	3.2%	37.2%	6.1%	24.3%
20	3,558	83.9%	7.2%	13.4%	8.0%	15.4%	28.1%	57.3%	10.5%	37.4%	68.2%	2.4%	33.2%	6.2%	27.4%
21	4,460	81.5%	9.0%	13.3%	7.6%	15.0%	25.9%	52.2%	11.9%	34.0%	71.7%	2.8%	39.2%	6.9%	24.1%
22	6,202	78.8%	7.8%	13.8%	9.2%	15.7%	25.2%	50.3%	9.5%	37.8%	66.9%	2.1%	24.8%	8.8%	33.2%
Min		76.3%	5.2%	8.2%	4.8%	8.1%	22.5%	44.9%	8.0%	33.3%	55.4%	0.7%	24.8%	2.1%	18.1%
Max		86.6%	12.2%	21.1%	13.8%	24.9%	33.9%	62.0%	14.3%	49.7%	72.1%	4.9%	39.2%	9.0%	34.1%
Mean	4,683	81.2%	8.1%	12.3%	9.0%	13.3%	28.6%	52.6%	11.3%	41.1%	65.1%	2.3%	31.4%	5.3%	27.2%
Std. Dev.	2,067	3.1%	1.6%	2.5%	2.2%	3.2%	3.1%	4.3%	1.8%	5.3%	5.5%	1.2%	4.4%	1.9%	4.2%
Coeff. of Var.	0.44	0.04	0.20	0.21	0.24	0.24	0.11	0.08	0.16	0.13	0.08	0.50	0.14	0.37	0.15

VISN	Station	Station name	N	Percent	Percent with	Percent dosed	Percent dosed		Percent dosed	Percent dosed		Percent	Percent	Percent	Percent	Percent	Percent
				prescribed any antipsychotic	polypharmacy in past week	higher than PORT guidelines	high on conventionals	high on atypicals	lower than PORT guidelines	low on conventionals	low on atypicals	prescribed any conventional	prescribed any atypical	prescribed clozapine	prescribed olanzapine	prescribed quetiapine	prescribed risperidone
1	402	TOGUS	494	85.6%	13.9%	10.4%	5.4%	12.6%	35.5%	55.2%	15.3%	48.0%	61.9%	6.6%	34.5%	7.3%	15.4%
1	405	WHITE RIVER JCT	130	89.2%	6.0%	13.8%	5.4%	19.4%	32.8%	57.1%	9.0%	48.3%	57.8%	3.4%	31.0%	4.3%	19.0%
1	518	BEDFORD	462	86.6%	13.0%	18.8%	13.2%	20.6%	32.0%	51.3%	13.0%	49.3%	59.5%	7.0%	19.3%	14.5%	21.0%
1	523 608	BOSTON MANCHESTER	2,009 202	67.8% 79.7%	12.8% 6.2%	12.0% 9.9%	5.2% 4.8%	14.3% 12.7%	33.2% 36.6%	56.3% 71.0%	18.6% 14.7%	36.8% 38.5%	71.1% 63.4%	3.2% 2.5%	29.9% 33.5%	14.4% 5.6%	28.0% 26.1%
1	631	NORTHAMPTON	512	84.6%	6.9%	12.5%	4.5%	15.7%	31.4%	60.6%	14.0%	35.8%	69.3%	4.2%	27.7%	3.0%	35.1%
1	650	PROVIDENCE	520	83.8%	10.3%	18.8%	5.3%	23.8%	24.3%	55.6%	6.9%	34.6%	73.2%	3.4%	45.4%	7.6%	19.3%
1	689	WEST HAVEN	1,141	82.0%	7.2%	10.2%	6.1%	11.7%	26.1%	54.4%	9.2%	36.8%	68.6%	5.2%	35.9%	4.2%	24.7%
2	500	ALBANY	60	65.0%	7.7%	7.7%	11.1%	4.3%	30.8%	44.4%	17.4%	46.2%	59.0%	0.0%	30.8%	10.3%	20.5%
2	514 528	BATH UPSTATE N.Y. HCS	24 2.067	75.0% 79.9%	11.1% 8.4%	5.6% 11.9%	11.1% 8.0%	0.0% 13.6%	44.4% 33.1%	55.6% 55.1%	27.3% 13.3%	50.0% 45.4%	61.1% 61.1%	0.0% 3.1%	27.8% 26.3%	0.0% 4.1%	33.3% 28.6%
2	532	CANANDAIGUA	148	79.9% 88.5%	13.0%	20.6%	11.1%	25.7%	38.2%	51.4%	17.6%	55.0%	56.5%	2.3%	12.2%	3.8%	39.7%
2	670	SYRACUSE	641	63.8%	6.8%	10.8%	4.2%	12.6%	29.3%	59.3%	16.2%	28.9%	75.6%	0.7%	33.3%	7.1%	35.2%
3	526	BRONX	493	85.4%	5.2%	8.6%	3.7%	11.7%	31.6%	55.3%	11.7%	45.1%	58.9%	1.7%	24.0%	1.2%	33.0%
3	561	EAST ORANGE	1,501	85.0%	7.6%	13.4%	10.2%	14.7%	27.6%	49.3%	9.1%	45.3%	61.0%	1.6%	24.2%	1.4%	34.5%
3	620 630	MONTROSE N.Y. HARBOR HCS	938 2,268	88.9% 78.2%	14.5% 7.0%	15.7% 10.3%	14.9% 8.5%	14.2% 10.9%	24.9% 31.7%	37.4% 53.2%	11.2% 11.3%	48.4% 48.3%	64.0% 57.4%	1.6% 0.5%	30.3% 25.3%	4.3% 3.5%	29.4% 29.4%
3	632	NORTHPORT	921	79.6%	8.2%	16.1%	14.4%	16.0%	29.7%	46.1%	12.1%	51.2%	56.2%	0.5%	31.0%	1.5%	23.7%
4	460	WILMINGTON	226	85.0%	13.0%	9.4%	6.1%	11.3%	33.9%	56.1%	10.4%	51.0%	55.2%	0.5%	29.2%	3.6%	24.5%
4	503	JAMES E VAN ZAND	159	76.7%	8.2%	5.7%	5.3%	5.6%	43.4%	56.6%	18.5%	62.3%	44.3%	0.0%	22.1%	4.1%	18.9%
4	529	BUTLER	98	70.4%	7.2%	5.8%	3.3%	7.1%	37.7%	70.0%	14.3%	43.5%	60.9%	0.0%	40.6%	0.0%	20.3%
4	540	CLARKSBURG	255	91.8%	9.4%	4.7%	1.7%	6.8%	46.2%	71.8%	18.8%	50.0%	56.8%	2.1%	29.5%	6.0%	17.5%
4	542 562	COATESVILLE FRIF	619 224	84.3% 79.5%	7.9% 12.4%	10.3% 2.8%	9.6% 3.2%	10.1% 1.9%	31.4% 52.2%	56.0% 78.5%	12.5% 21.7%	41.8% 52.2%	64.4% 59.6%	1.3%	28.5% 31.5%	6.3% 2.2%	28.9% 26.4%
4	595	LEBANON	725	82.6%	13.4%	11.2%	6.7%	12.9%	33.1%	52.3%	12.1%	49.8%	62.1%	0.5%	24.9%	1.8%	35.2%
4	642	PHILADELPHIA	2,347	70.3%	7.1%	10.8%	8.9%	11.4%	30.0%	49.5%	13.1%	45.5%	59.6%	0.7%	31.5%	3.7%	23.2%
4	646	PITTSBURGH-UNIV	1,730	83.8%	10.1%	10.1%	6.7%	11.8%	32.0%	51.6%	13.7%	46.6%	61.6%	3.3%	26.4%	10.6%	22.6%
4	693	WILKES BARRE	727	83.2%	7.6%	12.2%	11.7%	11.6%	37.4%	53.9%	19.1%	50.9%	55.4%	2.0%	22.0%	2.6%	29.4%
5 5	512 613	BALTIMORE MARTINSBURG	1,364 393	77.6% 85.2%	11.2% 6.0%	14.6% 11.3%	14.1% 7.3%	12.7% 12.4%	26.4% 24.8%	41.7% 51.8%	10.5% 11.2%	48.8% 32.8%	60.2% 71.9%	1.4% 1.2%	33.5% 35.8%	3.9% 12.2%	22.8% 23.3%
5	688	WASHINGTON	1,355	76.2%	7.0%	11.6%	12.8%	10.8%	25.0%	50.8%	15.9%	24.2%	80.9%	1.7%	44.0%	9.3%	26.8%
6	517	BECKLEY	145	90.3%	7.6%	14.5%	16.0%	10.5%	40.5%	51.9%	22.8%	61.8%	43.5%	0.0%	13.7%	2.3%	29.0%
6	558	DURHAM	449	75.7%	4.4%	19.4%	19.6%	18.0%	25.6%	42.9%	9.0%	47.9%	55.6%	1.8%	24.4%	2.9%	25.9%
6	565	FAYETTEVILLE NC	459	86.9%	3.3%	6.0%	3.8%	7.1%	30.8%	65.6%	8.3%	39.3%	63.2%	0.3%	20.3%	0.3%	42.6%
6	590	HAMPTON	625 229	80.2%	3.8%	9.2%	9.1%	8.8%	26.5%	51.1%	7.1%	43.7%	59.3%	1.0%	33.1%	1.6%	23.8%
6 6	637 652	ASHEVILLE-OTEEN RICHMOND	523	77.3% 81.8%	2.3% 7.5%	5.7% 6.1%	3.6% 5.9%	7.3% 5.6%	29.9% 34.8%	49.4% 54.4%	12.5% 16.7%	46.9% 47.7%	54.2% 58.9%	0.0%	18.6% 26.4%	1.7% 2.1%	33.9% 30.4%
6	658	SALEM	836	85.6%	6.7%	14.1%	12.1%	14.9%	30.2%	42.4%	12.9%	56.7%	48.7%	3.4%	20.4%	3.2%	22.1%
6	659	SALISBURY	878	83.7%	5.0%	13.6%	7.8%	16.4%	29.8%	59.4%	11.2%	38.2%	65.7%	0.8%	38.2%	3.1%	23.0%
7	508	ATLANTA	1,836	56.5%	10.1%	8.5%	6.7%	8.3%	29.0%	48.3%	18.2%	31.5%	76.8%	1.3%	36.3%	3.8%	35.9%
7	509	AUGUSTA	751	78.0%	4.8%	14.3%	8.3%	18.0%	29.0%	56.7%	7.3%	43.3%	60.8%	4.8%	32.9%	6.8%	16.9%
7 7	521 534	BIRMINGHAM CHARLESTON	635 608	87.6% 81.1%	9.4% 11.0%	11.3% 8.7%	5.6% 6.8%	13.3% 9.0%	27.3% 27.8%	60.4% 55.1%	8.5% 11.8%	35.4% 35.7%	71.6% 72.4%	0.9% 4.3%	45.7% 25.6%	0.5% 13.0%	26.1% 32.3%
7	544	COLUMBIA SC	656	82.8%	8.1%	12.3%	15.2%	9.2%	26.0%	42.9%	13.2%	42.5%	64.1%	0.2%	30.4%	11.8%	22.5%
7	557	DUBLIN	504	77.0%	6.4%	8.5%	8.1%	8.1%	25.3%	58.1%	9.2%	32.0%	73.2%	0.0%	31.4%	7.7%	35.1%
7	619	MONTGOMERY	1,160	86.7%	3.2%	6.9%	5.2%	7.7%	32.2%	64.3%	10.2%	40.4%	62.1%	0.4%	33.3%	3.2%	25.1%
7	679	TUSCALOOSA	736	87.6%	6.2%	14.1%	14.0%	12.9%	24.7%	40.4%	9.4%	47.6%	57.7%	3.3%	33.8%	1.4%	19.4%
8 8	516 546	BAY PINES MIAMI	909	83.2%	5.6%	11.9% 23.0%	9.5% 24.3%	13.0%	29.5% 37.7%	54.6%	8.7% 10.1%	44.6%	59.0% 32.6%	1.3%	29.6%	3.2%	25.9% 14.4%
8	548	W PALM BEACH	1,369 492	75.5% 81.5%	7.1% 7.0%	16.7%	17.1%	19.6% 15.3%	28.2%	47.6% 50.7%	13.4%	72.7% 37.9%	66.8%	1.7% 2.2%	13.2% 34.2%	4.1% 6.2%	25.4%
8	573	N FL/S GA HCS	1,428	83.8%	7.9%	8.5%	7.0%	8.6%	25.7%	55.0%	7.7%	37.1%	68.8%	1.6%	36.0%	3.0%	29.6%
8	672	SAN JUAN	3,966	75.5%	2.8%	2.6%	2.9%	2.4%	37.3%	66.3%	13.5%	44.5%	58.0%	0.1%	48.7%	0.1%	9.4%
8	673	TAMPA	1,981	79.8%	6.7%	8.0%	5.6%	10.1%	34.9%	52.3%	12.1%	55.2%	50.7%	0.8%	25.2%	2.5%	22.6%
9	581	HUNTINGTON	299	82.6%	3.2%	7.3%	4.4%	11.8%	47.0%	66.3%	12.9%	64.8%	37.7%	0.0%	13.0%	1.6%	23.5%
9	596 603	LEXINGTON-LEESTO LOUISVILLE	401 504	82.5% 81.5%	6.3% 7.3%	15.4% 8.3%	3.5% 5.9%	20.1% 9.1%	30.2% 31.6%	64.0% 61.5%	12.0% 9.8%	34.4% 41.1%	70.7% 64.5%	1.5%	14.2% 34.8%	1.2% 5.1%	54.4% 23.4%
9	614	MEMPHIS	816	74.6%	2.1%	11.2%	7.4%	14.6%	26.1%	45.0%	6.1%	51.1%	50.7%	1.8%	19.7%	2.3%	27.1%
9	621	MOUNTAIN HOME	314	83.4%	5.0%	6.1%	8.9%	3.3%	42.0%	57.3%	26.7%	47.3%	57.3%	0.0%	20.6%	11.8%	23.7%
9	622	MURFREESBORO	248	84.7%	8.1%	16.7%	15.9%	16.1%	27.1%	41.1%	11.9%	51.0%	56.2%	0.5%	31.9%	1.0%	23.3%
9	626	NASHVILLE	1,225	86.0%	8.5%	12.0%	10.3%	12.1%	27.5%	43.6%	12.9%	46.8%	59.8%	3.0%	33.0%	3.6%	21.1%
10	538	CHILLICOTHE	621	86.2%	19.3%	10.8%	7.1%	12.5%	38.1%	53.5%	6.0%	66.0%	49.5%	6.0%	24.3%	7.3%	14.0%
10 10	539 541	CINCINNATI CLEVELAND-WADE P	569 2.526	82.8% 83.5%	9.1%	11.3% 12.3%	8.1% 8.1%	12.0% 14.5%	28.2% 32.6%	56.9% 57.0%	12.6% 10.4%	34.0% 47.2%	70.9% 59.0%	3.8% 6.4%	39.9% 26.5%	11.0% 6.0%	17.2% 22.0%
10	552	DAYTON	636	78.5%	6.2%	17.8%	22.6%	13.0%	24.9%	47.6%	7.3%	42.5%	63.1%	1.6%	37.3%	3.6%	20.2%
10	757	COLUMBUS-IOC	569	79.8%	7.9%	7.9%	4.2%	9.6%	33.5%	61.5%	12.0%	42.3%	64.3%	0.9%	31.9%	8.2%	23.6%
11	506	ANN ARBOR HCS	402	89.3%	3.1%	20.1%	7.3%	25.9%	23.7%	57.3%	5.8%	34.5%	67.7%	4.5%	46.8%	1.7%	15.3%
11	515	BATTLE CREEK	1,130	86.5%	7.7%	12.9%	12.7%	11.6%	30.2%	46.4%	6.2%	59.1%	47.8%	3.5%	24.8%	3.2%	17.1%
11 11	550 553	DANVILLE, IL ALI EN PARK	598 1,169	86.1% 88.6%	3.7% 6.1%	14.0% 15.2%	8.0% 21.8%	17.2% 8.1%	21.6% 22.7%	47.3% 35.5%	4.8% 9.3%	39.0% 49.5%	64.3% 55.0%	0.6% 2.8%	33.4% 20.2%	1.4% 4.3%	28.5% 28.5%
11	553 583	INDIANAPOLIS-10T	1,169 592	88.6% 76.7%	6.1% 11.0%	15.2% 14.1%	21.8% 10.0%	8.1% 15.2%	22.7% 25.8%	35.5% 51.2%	9.3%	49.5% 37.4%	55.0% 71.1%	2.8%	20.2% 37.7%	4.3% 5.5%	28.5%
11	610	NORTHERN INDIANA	723	84.2%	8.7%	14.1%	14.4%	11.9%	33.3%	45.2%	12.3%	63.9%	44.0%	0.8%	18.2%	3.1%	22.3%
11	655	SAGINAW	344	87.2%	11.0%	11.3%	6.6%	12.9%	27.7%	50.4%	7.7%	45.7%	64.7%	1.0%	28.7%	5.0%	31.0%
12	537	VA CHICAGO HCS	1,294	78.4%	5.3%	8.4%	6.0%	9.3%	30.4%	60.2%	14.0%	34.7%	69.6%	0.9%	31.3%	5.5%	33.1%
12	556	NORTH CHICAGO	353	76.2%	4.5%	13.0%	12.3%	13.3%	20.1%	38.7%	8.7%	39.4%	64.3%	0.7%	22.7%	0.7%	40.1%
12 12	578 585	HINES IRON MOUNTAIN	787 153	81.6% 81.7%	8.9% 19.2%	5.8% 13.6%	4.3% 7.4%	5.8% 17.0%	26.6% 35.2%	49.8% 61.1%	14.1% 14.8%	32.6% 43.2%	75.1% 70.4%	1.4% 0.0%	25.9% 27.2%	2.8% 12.8%	46.3% 36.8%
12	303	INON WOONTAIN	100	01.770	13.∠70	13.0%	1.470	11.U70	33.270	U1.170	14.070	43.270	10.470	0.076	21.270	12.070	30.0%

12	607	MADISON	264	86.7%	6.1%	14.8%	5.7%	16.9%	18.8%	47.2%	9.8%	23.1%	79.9%	14.4%	29.7%	10.5%	28.4%
12	676	TOMAH	364	88.7%	11.8%	18.6%	9.7%	22.9%	26.0%	50.3%	5.4%	44.9%	63.5%	9.9%	31.3%	2.5%	22.0%
12	695	MILWAUKEE	908	81.8%	12.2%	8.7%	4.6%	10.4%	34.3%	62.3%	11.5%	44.3%	64.6%	3.2%	29.7%	4.6%	29.3%
13	437	FARGO	166	87.3%	9.0%	12.4%	0.0%	15.4%	24.8%	73.7%	6.8%	26.2%	80.7%	4.8%	47.6%	4.8%	24.1%
13	438	SIOUX FALLS	223	81.2%	11.6%	10.5%	6.9%	11.2%	32.0%	59.7%	12.8%	39.8%	69.1%	5.0%	24.3%	3.9%	38.1%
13	568	FORT MEADE	347	77.2%	11.9%	10.8%	9.7%	10.7%	36.2%	54.2%	14.1%	53.7%	55.6%	2.2%	16.4%	0.7%	36.6%
13	618	MINNEAPOLIS	952	83.1%	6.8%	14.4%	10.7%	15.6%	28.4%	59.0%	11.0%	36.7%	68.0%	4.0%	37.9%	6.4%	21.6%
13	656	ST CLOUD	496	83.1%	6.1%	16.5%	12.4%	17.6%	22.6%	55.8%	7.0%	31.3%	73.3%	6.1%	45.6%	4.1%	18.0%
14	555	DES MOINES	35	80.0%	3.6%	10.7%	7.1%	13.3%	25.0%	42.9%	6.7%	50.0%	53.6%	0.0%	32.1%	0.0%	21.4%
14	584	IOWA CITY	106	82.1%	3.4%	19.5%	8.8%	25.5%	20.7%	44.1%	5.5%	39.1%	63.2%	0.0%	32.2%	4.6%	27.6%
14	597	LINCOLN	14	57.1%	12.5%	0.0%	0.0%	0.0%	50.0%	100.0%	0.0%	50.0%	62.5%	0.0%	37.5%	0.0%	25.0%
14	636	VA NEB-WESTERN I	1,300	87.4%	8.6%	21.7%	13.8%	25.2%	25.7%	47.6%	8.6%	43.3%	64.2%	3.4%	29.2%	4.4%	28.1%
15	452	WICHITA	242	73.6%	6.7%	8.4%	6.3%	11.8%	45.5%	69.5%	16.1%	53.4%	52.2%	1.1%	27.5%	7.9%	16.9%
15	543	COLUMBIA MO	203	78.8%	11.3%	12.5%	5.2%	15.3%	26.9%	60.3%	7.6%	36.3%	73.8%	0.6%	41.3%	3.8%	30.0%
15	589	KANSAS CITY	594	83.7%	8.0%	15.9%	13.9%	16.0%	26.6%	40.8%	13.7%	44.9%	61.8%	3.2%	19.7%	6.0%	34.2%
15	609	MARION IL	373	87.9%	4.3%	4.0%	4.0%	3.7%	31.4%	53.6%	11.6%	46.0%	57.9%	0.0%	34.8%	4.6%	18.0%
15	647	POPLAR BLUFF	167	92.2%	5.8%	9.1%	4.0%	10.8%	21.4%	48.0%	8.1%	32.5%	72.1%	0.0%	39.0%	4.5%	29.9%
15	657	ST LOUIS-John Co	1,489	90.0%	16.0%	12.6%	10.4%	12.4%	29.3%	48.2%	12.7%	43.2%	69.9%	1.4%	31.2%	7.2%	32.3%
15	677	COLMERY-ONEIL VA	1,120	86.4%	14.1%	13.9%	11.7%	13.2%	23.7%	44.4%	8.4%	40.5%	71.4%	2.0%	32.9%	4.8%	33.4%
16	502	ALEXANDRIA	499	86.6%	14.4%	21.8%	15.2%	23.5%	16.9%	38.4%	6.4%	31.9%	75.7%	4.6%	26.6%	3.5%	47.5%
16	520	GULF COAST HCS	1,286	86.0%	12.8%	15.8%	13.8%	15.3%	21.5%	37.9%	8.9%	40.5%	69.7%	1.1%	32.9%	3.4%	33.6%
16	564	FAYETTEVILLE AR	265	85.3%	11.9%	12.8%	11.8%	12.4%	23.0%	40.9%	9.2%	41.2%	67.7%	1.8%	24.3%	13.7%	31.0%
16	580	HOUSTON	1,301	84.2%	5.4%	14.3%	8.5%	16.0%	20.4%	44.1%	9.8%	30.0%	73.9%	1.9%	37.7%	2.5%	33.0%
16	586	JACKSON	676	88.6%	6.0%	9.9%	4.6%	11.0%	22.0%	53.9%	10.8%	25.4%	79.0%	0.7%	32.6%	10.5%	36.9%
16	598	LITTLE ROCK	856	88.2%	6.2%	12.7%	4.6%	16.7%	26.1%	55.6%	7.8%	37.6%	65.8%	3.3%	25.7%	7.6%	31.7%
16 16	623 629	MUSKOGEE NEW ORLEANS	284 1,246	78.2% 83.1%	3.2% 7.2%	8.1% 11.0%	3.3% 9.1%	9.6% 11.1%	27.0% 17.3%	62.3% 52.1%	13.2% 5.3%	27.5% 25.6%	75.2% 79.8%	1.8% 0.2%	33.3% 49.5%	6.8% 0.6%	33.8% 30.3%
16	635	OKLAHOMA CITY	814	83.5%	6.0%	8.1%	5.2%	9.9%	28.2%	52.1%	6.5%	42.6%	61.0%	0.2%	29.7%	4.1%	29.1%
16	667	SHREVEPORT	638	77.6%	4.6%	8.1% 4.4%	3.2%	9.9% 4.8%	28.2% 30.3%	57.5% 67.5%	13.2%	42.6% 31.1%	71.7%	0.1%	33.1%	4.1% 5.5%	29.1% 34.3%
17	549	DALLAS	1,189	78.6%	7.9%	9.4%	3.2%	11.6%	30.4%	64.4%	11.5%	35.2%	71.0%	3.9%	41.1%	9.0%	18.3%
17	671	SAN ANTONIO	1,109	80.8%	9.0%	13.4%	12.1%	13.3%	25.3%	43.8%	11.9%	39.6%	67.4%	1.7%	28.2%	5.0%	33.6%
17	674	VA CENTRAL TEXAS	1,219	82.2%	6.3%	13.6%	9.7%	13.3%	20.2%	49.6%	8.2%	28.5%	76.0%	2.6%	38.7%	9.2%	27.1%
18	501	NEW MEXICO HCS	582	77.3%	5.1%	8.9%	3.6%	11.7%	36.0%	75.0%	12.0%	37.3%	66.4%	2.0%	28.2%	3.8%	33.3%
18	504	AMARILLO HCS	176	81.3%	6.3%	3.5%	3.2%	3.6%	53.1%	70.2%	21.4%	65.7%	39.2%	0.0%	14.7%	4.2%	20.3%
18	519	WEST TEXAS HCS	170	87.6%	7.4%	3.4%	4.4%	2.6%	32.9%	62.2%	19.3%	30.2%	76.5%	0.0%	38.3%	4.7%	28.2%
18	644	PHOENIX	966	78.1%	7.4%	7.6%	6.0%	7.9%	27.6%	54.4%	9.1%	39.5%	67.0%	0.8%	31.3%	3.3%	32.1%
18	649	NORTHERN ARIZONA	195	76.4%	7.4%	16.1%	7.7%	20.4%	33.6%	56.9%	14.0%	43.6%	62.4%	0.0%	31.5%	0.0%	32.2%
18	678	SOUTHERN ARIZONA	486	87.2%	6.8%	9.0%	2.1%	10.3%	29.0%	70.5%	16.6%	22.4%	82.3%	0.0%	33.3%	6.6%	44.1%
18	756	EL PASO HCS	332	71.4%	3.0%	8.9%	5.7%	10.9%	26.6%	50.5%	7.3%	44.3%	57.8%	0.0%	30.0%	4.2%	23.6%
19	436	FORT HARRISON	177	83.6%	14.2%	8.8%	3.3%	10.6%	23.6%	38.3%	13.5%	40.5%	70.3%	0.0%	33.1%	5.4%	35.8%
19	442	CHEYENNE	85	88.2%	10.7%	12.0%	11.1%	11.1%	24.0%	47.2%	2.2%	48.0%	60.0%	4.0%	46.7%	4.0%	8.0%
19	554	DENVER	819	70.8%	7.8%	10.0%	8.8%	10.3%	39.5%	55.5%	18.3%	54.7%	51.9%	2.4%	22.2%	4.8%	23.1%
19	567	SOUTHERN COLORAD	354	79.9%	5.3%	17.3%	11.4%	18.8%	19.1%	46.6%	6.3%	31.1%	73.1%	4.6%	44.2%	8.8%	16.3%
19	575	GRAND JUNCTION	192	79.2%	9.9%	11.2%	3.2%	14.6%	35.5%	60.3%	16.5%	41.4%	67.8%	0.7%	27.6%	0.7%	38.8%
19	660	SALT LAKE CITY H	542	83.2%	10.4%	10.6%	5.4%	11.3%	22.6%	57.0%	12.8%	20.6%	86.5%	6.0%	54.5%	7.8%	21.5%
19	666	SHERIDAN	223	88.8%	16.7%	12.1%	10.8%	10.5%	16.7%	36.5%	3.9%	37.4%	76.8%	1.0%	38.4%	7.6%	31.8%
20	463	ALASKA HCS & RO	73	67.1%	4.1%	16.3%	0.0%	20.0%	16.3%	36.4%	10.0%	22.4%	81.6%	0.0%	65.3%	0.0%	16.3%
20	531	BOISE	251	88.0%	9.1%	11.8%	9.1%	13.3%	32.1%	56.6%	12.6%	44.8%	61.1%	1.4%	21.7%	11.3%	27.1%
20	648	PORTLAND	759	83.4%	4.3%	12.0%	8.1%	14.0%	29.1%	56.0%	10.2%	40.9%	62.1%	4.9%	40.8%	3.5%	13.6%
20	653	VA ROSEBURG HCS	336	83.3%	4.3%	15.0%	13.3%	15.7%	17.5%	33.3%	9.6%	32.1%	70.7%	0.4%	31.8%	2.9%	36.8%
20	663	SEATTLE	1,395	84.6%	7.3%	16.2%	7.5%	20.0%	28.9%	60.5%	9.1%	38.6%	67.3%	3.0%	29.3%	7.5%	28.6%
20	668	SPOKANE	263	81.7%	7.4%	9.3%	8.6%	8.8%	27.0%	63.8%	12.9%	27.0%	79.5%	0.0%	40.5%	7.9%	31.2%
20	687	WALLA WALLA	193	81.3%	10.8%	8.9%	5.2%	9.5%	35.7%	62.1%	18.1%	36.9%	73.9%	0.0%	25.5%	11.5%	36.3%
20	692	WHITE CITY	288	87.2%	13.9%	8.8%	5.9%	8.9%	28.7%	65.9%	9.5%	33.9%	75.7%	0.4%	36.3%	2.8%	39.4%
21	358	MANILA	163	84.0%	40.1%	5.8%	2.6%	11.6%	54.7%	65.8%	0.0%	83.2%	31.4%	0.0%	16.8%	0.0%	14.6%
21	459	HONOLULU	528	86.2%	7.5%	9.7%	7.6%	10.0%	22.9%	50.3%	9.4%	31.9%	72.3%	3.1%	29.5%	13.8%	29.2%
21	570	CENTRAL CALIFORN	322	83.5%	7.8%	19.0%	6.8%	24.4%	20.1%	42.7%	6.1%	38.3%	66.9%	2.6%	40.5%	6.3%	17.5%
21	612	NCHC MARTINEZ	1,049	77.5%	6.3%	11.7%	6.9%	12.9%	26.0%	48.4%	15.9%	30.3%	74.2%	2.0%	41.9%	5.4%	24.6%
21	640	PALO ALTO-PALO A	1,262	88.7%	8.2%	16.7%	11.3%	18.0%	23.3%	52.4%	9.8%	31.5%	74.4%	5.1%	42.0%	7.3%	21.7%
21	654	SIERRA NEVADA HC	283	82.3%	6.4%	7.3%	6.9%	6.9%	27.5%	55.2%	17.6%	24.9%	80.7%	0.4%	38.2%	5.2%	37.3%
21	662	SAN FRANCISCO	853	71.0%	9.7%	13.2%	5.5%	16.0%	28.5%	54.1%	13.3%	36.0%	71.0%	0.8%	42.6%	5.3%	23.9%
22	593	LAS VEGAS	391	78.8%	4.2%	12.7%	6.5%	15.8%	19.5%	53.8%	5.0%	30.2%	71.8%	1.3%	38.6%	3.6%	29.5%
22	600	VA LONG BEACH HC	824	85.4%	10.5%	11.8%	12.0%	11.0%	22.0%	45.0%	9.4%	34.4%	71.0%	2.7%	22.2%	13.8%	36.4%
22	605	LOMA LINDA	673	80.7%	10.3%	14.5%	11.4%	14.8%	22.5%	50.3%	10.0%	30.8%	75.9%	2.0%	38.7%	6.4%	31.5%
22	664	VA SAN DIEGO HCS	1,040	85.1%	8.2%	15.3%	10.2%	19.3%	33.7%	53.5%	9.2%	54.2%	51.4%	1.4%	19.7%	6.3%	24.5%
22	691	LA WADSWORTH	3,274	74.8%	6.7%	13.8%	7.7%	16.3%	24.4%	49.7%	10.2%	35.4%	68.6%	2.3%	22.6%	9.4%	36.3%
Min				56.5%	2.1%	0.0%	0.0%	0.0%	16.3%	33.3%	0.0%	20.6%	31.4%	0.0%	12.2%	0.0%	8.0%
Max				92.2%	40.1%	23.0%	24.3%	25.9%	54.7%	100.0%	27.3%	83.2%	86.5%	14.4%	65.3%	14.5%	54.4%
Mean			704	81.7%	8.3%	11.6%	8.2%	12.7%	29.5%	53.8%	11.4%	41.8%	64.5%	2.0%	31.2%	5.1%	27.4%
Std. Dev			598	6.1%	4.3%	4.2%	4.4%	5.1%	7.3%	9.7%	4.5%	10.4%	10.0%	2.1%	8.8%	3.5%	7.8%
Coeff. o	r var.		0.85	0.08	0.52	0.36	0.53	0.40	0.25	0.18	0.39	0.25	0.15	1.08	0.28	0.69	0.28